

**Spring 2006
Registration Form**

**Edgefield County
Youth Soccer Association**

**PLEASE complete a separate
Registration form for each child!**

**Registration will be held on the soccer field
from 10:00 a.m. --- 1:00 p.m. on Saturdays,
January 28th and February 4th. You May also
mail your Check and this form to:**

**Tim Watson
223 Thurmond Street, Edgefield, S.C. 29824**

Registration	\$35.00		
		(Includes jersey and socks – All Players are responsible for buying black soccer shorts!)	_____
FCA Dues	\$1.00		
		(Per Child)	_____
** Registration Discount			
		(Subtract \$5.00 for Each additional child you register)	_____
			If applicable
** Registration Discount			
		(Subtract \$5.00 if you mail your registration form or register on or Before Feb. 4 th .)	_____
			If applicable
Total			_____
Make checks payable to: Edgefield County Recreation Department			

Please print clearly!

Parent Name _____ Home Phone _____

Address _____ City _____ Zip _____

Alternative Phone _____

Child's Name _____ Age _____ Birth Date _____

Jersey Size (please circle desired size) **Youth S M L** **ADULT S M L**
(Parents provide black soccer shorts and cleats – league provides jersey and socks!)

ECYSA Use Only

# _____	Age Group _____	Team _____	Amount Due _____
---------	-----------------	------------	------------------

Paid: Check: _____ **Cash** _____ **Coach** _____